

DRUG COURT GRADUATION PETITION



Augusta Judicial Circuit

Superior Court Administration

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OFFICE OF ACCOUNTABILITY COURT

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Honorable James G. Blanchard, Jr.
Superior Court Judge

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DRUG COURT GRADUATION PETITION

Participant's Name: _____

GRADUATION CRITERIA

Participants must have met all of the following criteria to graduate from the drug court program:

- Successful completion of all program/probation requirements including all restitution and costs;
- Satisfactory completion of community service & other program assignments;
- 1 year of continuous clean drug screens;
- A positive recommendation for graduation by the Drug Court team;
- The approval of the Drug Court Judge; and
- Completion of an aftercare plan with the case manager.
- Letter thanking the mayor and commissioners for the drug court program and how the program has impacted your life **MUST BE COMPLETED & SUBMITTED 30 DAYS BEFORE GRADUATION** (attach a copy to the graduation petition)

PARTICIPANT'S GRADUATION CRITERIA STATUS

Participant's Program Entrance Date: ____/____/____

All program requirements (sanctions, treatment goals, etc.) have been met: ☐ YES ☐ NO

All court ordered restitution has been paid in full: ☐ YES ☐ NO Balance: _____

All drug court program fees have been paid in full: ☐ YES ☐ NO Balance: _____

Satisfactory completion of all community service obligations: ☐ YES ☐ NO

Satisfactory completion of all court ordered sanctions (If Applicable): ☐ YES ☐ NO

1 year of continuous clean drug screens: ☐ YES ☐ NO Date of Last Positive: ____/____/____

Completed graduate survey attached: ☐ YES ☐ NO

Completed aftercare plan attached: ☐ YES ☐ NO

DRUG COURT GRADUATE SURVEY

Participant's Name: _____

Date: ____/____/____

Reflecting on your time in the Drug Court Program, what can you identify as challenges that you faced?

What are the major achievements that you have made while in the program?

Describe how you feel the Treatment provided aided in your success:

Would you like to stay in touch with the Drug Court Program? We have alumni events and also look for people to help with mentoring. Are there certain things that you think that you could help with or services that you could provide?

Participant's Signature _____

_____ Date

DRUG COURT CONTINUING CARE PLAN

Participant's Name: _____ Date: ____/____/____

In order to maintain a clean and sober lifestyle, I recognize that I will need to have a plan that allows me to continue the progress that I have made to this point. I will need to have a solid social support system in place that will include a sponsor _____ and I will be in contact with my sponsor _____ times each week. I also recognize the need to have a meeting planned for any given day of the week and the following are meetings I can attend if I need to (weekly schedule):

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Sunday: _____ Where: _____

I also recognize the need to have positive leisure/recreational outlets in order to maintain a balanced, healthy lifestyle. The following are ways that I will have fun in my recovery (list at least seven):

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Change is a necessary component of anyone's life if they intend to grow and the following are things that I will continue to work on so that I may become healthier and happier (list at least three):



I understand that my graduating from the Drug Court Program is merely the beginning. I recognize that there is still work to do and I commit myself to doing it. I am committed to maintaining a drug-free, law-abiding lifestyle and look forward to the future and my continued success. I also understand that I am welcome to remain a part of the Drug Court Program as a mentor and to participate in groups (please let staff know that you are coming and that you want to remained involved in the program after graduation).

Participant's Signature

Date